



## Practical Pessaries; Low risk conservative management of incontinence and prolapse with vaginal support devices

W41B, 30 August 2011 16:00 - 17:30

Start	End	Topic	Speakers
16:00	16:10	Introduction, objectives and history	<ul style="list-style-type: none"><li>• Lesley-Ann Hanson</li></ul>
16:10	16:30	Review of literature and recent recent research; complications	<ul style="list-style-type: none"><li>• Scott Farrell</li></ul>
16:30	16:50	Best practice; indications, how to size, fit and evaluate	<ul style="list-style-type: none"><li>• Lesley-Ann Hanson</li></ul>
16:50	17:00	Follow up regimes; management strategies	<ul style="list-style-type: none"><li>• Margaret Wilson</li></ul>
17:00	17:10	Frequently asked questions	<ul style="list-style-type: none"><li>• Lesley-Ann Hanson</li></ul>
17:10	17:30	Discussion/Show and Tell	All

### **Aims of course/workshop**

Globally there is an increasing elder population leading to an increase in prevalence of urogenital aging, incontinence and pelvic floor prolapse in women.

Clinicians are experiencing ever increasing treatment costs and a growing number of patient requests for conservative treatment options.

Vaginal support devices have experienced a rebirth in design and indication for use.

Pessaries are an effective, low cost, low risk conservative treatment option.

This workshop is designed to introduce the clinician to the practical pessary.

This workshop will be in lecture format with time for questions, small group case work with models (time permitting) and a panel discussion to follow.

### **Educational Objectives**

This workshop will attempt to meet the growing needs of clinicians interested in using vaginal pessaries to manage incontinence and prolapse. The speakers are experienced clinicians who have much to offer in practical experience and research to support the use of pessaries in conservative management of incontinence and prolapse.

This workshop will review what is new in pessary use as well as the current research in order to update participants on the evidence available for the practice of pessary use for incontinence and prolapse in women.

Speakers will review current literature and recent research with some of the researchers present to discuss results.

The speakers will discuss practical applications and indications for use of many different styles of vaginal pessaries, best practise with regard to how to size, fit and evaluate pessary fitting and the evidence based follow up regimes currently recommended and why.

A panel discussion of case studies will allow participants to gain further understanding of numerous different styles of pessaries and their use in specific instances.

Importantly the speakers will also outline management strategies for troubleshooting problems encountered with using a vaginal pessary.

## **Pessaries: Use and Care**

Many health care professionals regard pessaries as old fashioned and dated; there is a place for pessaries in modern treatment of pelvic floor problems. Pessaries were more commonly used in the 50's and 60's and at that time were made of black rubber. Today the pessaries are made of silicone or clear acrylic, both of which are relatively inert materials and produce a minimum in irritative reactions or allergic reactions. If possible all women using pessaries should be taught how to correctly use and care for these intravaginal devices including removal and reinsertion.

### The Purpose of Pessaries

Pessaries play an important role in the management of pelvic floor disorders and incontinence. Although surgical techniques continue to advance, there remains a place in the treatment of pelvic floor disorders for pessaries. Surgery may be contraindicated because of medical conditions, disease, age or for personal reasons.

### Indications for use of a Pessary

- Uterine prolapse: first, second, third and fourth degree prolapse (Procidentia)
- Cystocele, Rectocele, Enterocele
- Stress incontinence, Urge incontinence, Mixed incontinence
- Uterine retrodisplacement
- Presumed predictive for surgical intervention
- Diagnostic testing
- Prolapse during pregnancy: temporary relief of discomfort, improve circulation of pelvic tissues, prevent ulceration and infection of the vaginal mucosa

### Pessaries commonly used for Prolapse

Pessaries usually recommended for prolapses are:

- For first and second degree prolapse: Ring pessary with or without support or Shaatz.
- For third and fourth degree prolapse (Procidentia): Gellhorn (made of flexible silicone or rigid clear acrylic), Shaatz, rings, donut (made of soft silicone), cube (made of soft silicone), Inflatoball (latex).

Pessaries can also be used to treat uterine retro displacement associated with low back pain, dysmenorrhea and infertility. In infertility a pessary can be used to reposition the uterus, placing the cervix in the seminal pool, at the same time helping to improve circulation to the ovaries and endometrium. With repeated miscarriages due to an incompetent cervix, a pessary can be used to relieve pressure on the cervix by repositioning the weight of the growing fetus. With retrodisplacement of the uterus, pessaries are most frequently used temporarily to determine if the normal positioning of the uterus will relieve symptoms. If symptoms are not alleviated, surgical repair maybe be indicated.

### Pessaries for Stress and Urge Incontinence

Pessaries can be used to help restore continence by stabilizing the urethra and urethrovesical junction, to allow proper pressure transmission, increasing urethral resistance to the escape of urine under resting and stressful conditions.

Pessaries commonly used for stress and urge incontinence:

- Incontinence dish pessary
- Incontinence ring pessary and Shaatz
- Ring pessary (with or without support and with or without knob)

### Adjunctive Therapy

Unless contraindicated, it is advisable that the peri-menopausal and post-menopausal women use local estrogen therapy at least 6 weeks prior to being fit with a pessary and to continue while they are wearing a pessary. Local estrogen is often necessary even if the patient is on systemic estrogen. This helps to prevent vaginal erosion and vaginal narrowing. Many low dose varieties are now readily available. Local HRT has also been shown to have a positive impact on incontinence and prolapse and therefore as a first step can improve the patient significantly avoiding the need for pessary use.

### Contraindications

All pessaries are generally contraindicated in the presence of vaginal or bladder infections, severe constipation, cervical ulceration or laceration and uncontrolled diabetes. Patients who are non-compliant or have no caregiver to assist with their healthcare needs should not be fitted with a pessary unless someone can be designated responsible for their continued care.

### Patient Follow-up

Pessary fitting is a trial and error process and therefore more than one visit may be needed for a proper fit. Relief of symptoms, comfort and post void residual should be determined at fitting and monitored. Patients should be taught to report any discomfort immediately and should return for first follow up within 2 to 4 weeks. They should be examined again in 6 weeks. Thereafter, the patient not independent with care should be checked by a doctor or specially trained nurse every 3 months.

When possible, patients using a pessary should be taught how to remove and reinsert the pessary and how to wash (using liquid soap for dishes) and care for it. This may be done daily, weekly or monthly. If able to remove and clean then follow up visits need not be every 3 months, but may be extended to 6 months to 1 year. If for some reason a patient cannot learn to care for her own pessary, arrangements should be made for a doctor or specially trained nurse to remove and clean the pessary and check the condition of the vaginal tissue before replacing the pessary. Ideally, a pessary should not be left in situ for more than 3 months.

At each checkup the vagina should be carefully inspected for evidence of pressure or allergic reactions. Patients should be questioned on hygiene practices, bowel function, voiding function, symptoms of urinary tract infections, and vaginal discharge or discomfort. On re-examination, it may be necessary to refit another pessary of a different size or type.

Pessaries are a useful alternative to surgery or an adjunctive aid rather than a substitute for surgery. A gynecological examination is considered mandatory before pessary use.

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